FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSIGN Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB AP	PROVAL			
OMB Number:	3235-0076			
Expires:	May 31, 2005			
Estimated averag	ge burden			
hours per respon	se 16.00			
SEC US	E ONLY			
Prefix	Serial			
DATE RECEIVED				

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series C Preference Shares Financing				
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) 🗵 ULOE			
A. BASIC IDENTIFICATION DATA	1881 (A) 8848 8184 BAN 8110 81180 (A) 81			
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	04026263			
Spreadtrum Communications, Inc.				
Address of Executive Offices (Number and Street, City, State, Zip Code) 810 E. Arques Ave., Sunnyvale, CA 94085	Telephone Number (Including Area Code) (408) 735-8126			
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)			
Brief Description of Business Provider of wireless integrated circuits and software solutions for wireless terminal manufacturers	and design companies			
Type of Business Organization	// APR 2 2 2004			
☐ corporation ☐ limited partnership, already formed	(please specify): THOMSON FINANCIAL			
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA						
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 	÷r;					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner						
full Name (Last name first, if individual) Wu, Ping						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Spreadtrum Communications, Inc., 810 E. Arques Ave., Sunnyvale, CA 94085						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	·					
full Name (Last name first, if individual) Chen, Datong						
Business or Residence Address (Number and Street, City, State, Zip Code)						
c/o Spreadtrum Communications, Inc., 810 E. Arques Ave., Sunnyvale, CA 94085						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
full Name (Last name first, if individual) Tsai, M.K.						
Business or Residence Address (Number and Street, City, State, Zip Code) 16-3, Chu Chun II Road, Hsinchu 300, Taiwan, R.O.C.						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
full Name (Last name first, if individual) Wang, Philip						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Fortunetech Seed Fund Ltd., 1731 Technology Drive, Suite 760, San Jose, CA 95110						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
full Name (Last name first, if individual) Wang, Paul						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pacific Venture Group, #3705, CITIC Square, 1168 Nan Jing Xi Lu, Shanghai, P.R.C. 200041						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual) Sandell, Scott						
Business or Residence Address (Number and Street, City, State, Zip Code)						
c/o New Enterprise Associates, 2490 Sand Hill Road, Menlo Park, CA 94025						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)						
Fan, Renyong						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Spreadtrum Communications, Inc., 810 E. Arques Ave., Sunnyvale, CA 94085						
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)						

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A. BASIC IDENTIFICATION DATA (Continued)					
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 					
Check Box(es) tifat Apply: Promoter Beneficial Owner Executive Officer Directo	r General and/or Managing Partner				
Full Name (Last name first, if individual) Ji, Jin					
Business or Residence Address (Number and Street, City, State, Zip Code)					
c/o Spreadtrum Communications, Inc., 810 E. Arques Ave., Sunnyvale, CA 94085					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	r General and/or Managing Partner				
Full Name (Last name first, if individual) Zhang, Xiang					
Business or Residence Address (Number and Street, City, State, Zip Code)					
12022 Dapple Ct., San Diego, CA 92128					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	r General and/or Managing Partner				
Full Name (Last name first, if individual)					
Fortune Venture Investor Group					
Business or Residence Address (Number and Street, City, State, Zip Code)					
13F-1, No. 128, Sec. 3, Min Sheng E. Rd., Taipei, Taiwan					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	r General and/or Managing Partner				
Full Name (Last name first, if individual)					
New Enterprise Associates					
Business or Residence Address (Number and Street, City, State, Zip Code)					
2490 Sand Hill Road, Menlo Park, CA 94025					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	r .				
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Check Box(es) that Apply:	General and/or Managing Partner				
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner				
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
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Yes No Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? \boxtimes Answer also in Appendix, Column 2, if filing under ULOE. N/A What is the minimum investment that will be accepted from any individual? 2. Yes No Does the offering permit joint ownership of a single unit? 3. \boxtimes Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States). ☐ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MN] [[MA] [MI] [MS] [MO] [NV] [MT] [NE] [NH] [NJ] [NM] [NY] [NC] [ND] [HO] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [TU] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)..... ☐ All States [AL] [AK] [AZ][AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] $\prod A$ [KS] {KY} [LA] [ME] [MD] [[MA]] [MI] [MN] [MS] [MO] [NE] [NV] [MT] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [UT] [WI] [TX] [VT] [VA] [WA] [WV] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)..... ☐ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN][]A] [KS] [KY] [LA] [ME] [MD] [[MA]] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RJ] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

INFORMATION ABOUT OFFERING

В.

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Town of Committee	Aggregate		t Already
	Type of Security Debt	Offering Price \$ 0.00	\$ \$	6 old 0.00
	Equity			00,526.06
	☐ Common ☑ Preferred	\$ <u></u>	Ψ <u>. υυ,υ</u>	00,520.00
	Convertible Securities (including warrants)	\$ 0.00	\$	0.00
	Partnership Interests		\$	
	Other (Specify)		\$	
	Total			00,526.06
	Answer also in Appendix, Column 3, if filing under ULOE.		V	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	Dollar	regate Amount irchase
	Accredited investors	18	\$_35,2	200,526.06
	Non-accredited Investors	0	\$	0.00
	Total (for filings under Rule 504 only)	N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Offering	Type of Security		Amount old
	Rule 505	•	\$	
	Regulation A		\$	
	Rule 504		\$	
	Total		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	0
	Printing and Engraving Costs		\$	0
	Legal Fees	\boxtimes	\$10	0,000.00
	Accounting Fees		\$	···-
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify)		\$	
	Total	\boxtimes	\$10	0,000.00

·	OFFERING PRICE, NUMBER OF INV	ESTORS, EXPENSES AND USE	OF PROCEEDS				
	b. Enter the difference between the aggregate of total expenses furnished in response to Part C - 0 proceeds to the issuer."	Question 4.a. This difference is the "	adjusted gross	đ		\$ <u>35,100</u>	,526.06
	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for the box to the left of the estimate. The total of to the issuer set forth in response to Part C - Que	any purpose is not known, furnish a the payments listed must equal the ad	in estimate and che	eck			
				Payments Officers, Direc Affiliate	ctors &	Payme Oth	
	Salaries and fees			□ \$	0	□ \$	00
	Purchase of real estate			□ \$	<u> </u>	 \$	00
Purchase, rental or leasing and installation of machinery and equipment			\$	<u> </u>	□ \$	0	
	Construction or leasing of plant buildings and fa	acilities		□ \$	0	□ \$	0
	Acquisition of other businesses (including the vused in exchange for the assets or securities of a	alue of securities involved in this offer another issuer pursuant to a merger)	ering that may be	\$	_0[\$	0
	Repayment of indebtedness			□ \$	0[□ \$	0
	Working capital			□ \$	_0 [∑ \$ <u>35,10</u> 6	0,526.06
	Other (specify):			□ \$ <u>·</u>	0 [□ \$	0
	Column Totals			S	0(\$35,100	526.06
	Total Payments Listed (column totals adde	d)			\$ <u>35,100,5</u>	526.06	
		D. FEDERAL SIGNA		<u> </u>			
on	issuer has duly caused this notice to be signed be stituted an undertaking by the issuer to furnish the he issuer to any non-accredited investor pursuant	e U.S. Securities and Exchange Com					
ssı	uer (Print or Type)	Signature		ate			
	Spreadtrum Communications, Inc.	Mumeh	A	pril 14, 2004			
	me of Signer (Print or Type) Carmen Chang	Title of Signer (Print or Type) Secretary	/				
		ATTENTION					
_	Intentional Misstatements or O	missions of Fact Constitute Federal		ins (See 18 11 S	C 1001 \		
	intentional iviisstatements of O	missions of ract constitute redefat	Cimmai violatio	113. (See 16. U.S	.c. 1001.)		